

CHARGE OF DISCRIMINATION This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		Charge Presented To: _____ Agency(ies) Charge No(s): 440-2021-06256 <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC	
Illinois Department Of Human Rights and EEOC <i>State or local Agency, if any</i>			
Name (indicate Mr., Ms., Mrs.) MS. HOPE S. HUNDLEY		Home Phone (Incl. Area Code) (312) 758-3793	Date of Birth 07/03/1967
Street Address City, State and ZIP Code 6228 S. VERNON AVE CHICAGO, IL. 60637			
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name UNIVERSITY OF ILLINOIS AT CHICAGO		No. Employees, Members 100+	Phone No. (Include Area Code)
Street Address City, State and ZIP Code 1855 W. TAYLOR ST. CHICAGO, IL. 60612			
Name		No. Employees, Members	Phone No. (Include Area Code)
Street Address City, State and ZIP Code			
DISCRIMINATION BASED ON (Check appropriate box(es).) <input checked="" type="checkbox"/> RACE <input type="checkbox"/> COLOR <input checked="" type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> RETALIATION <input checked="" type="checkbox"/> AGE <input checked="" type="checkbox"/> DISABILITY <input checked="" type="checkbox"/> OTHER (Specify below.) Hostile work environment, failure to promote, violation of EPA AND ADA		DATE(S) DISCRIMINATION TOOK PLACE Earliest Latest 11/2017 06/17/2021 <input checked="" type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):			
<p>I began my employment with Respondent on or about April 29, 2003. My most recent position is Ophthalmic Technician. During my employment, I was subjected to denial of promotions, harassment, disparate treatment, and a hostile work environment. I complained to Respondent. Subsequently, I was subjected to further harassment and underserved discipline.</p> <p>I believe I have been discriminated against because of my race, (Black) and my sex (female), in retaliation for engaging protected activity, and disability, in violation of Title VII of the Civil Rights Act of 1964, as amended.</p> <p>I also believe I have been discriminated against because of my race, sex, and paid less than similarly situated employees who are not Black and female in violation of the Equal Pay Act of 1963.</p> <p>I believe that I have been discriminated against because of my disability, in violation of the American with Disabilities Act, (ADA) Section 504 of the Rehabilitation Act and the Family Medical Leave Act (FMLA).</p>			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures. I declare under penalty of perjury that the above is true and correct.		NOTARY – When necessary for State and Local Agency Requirements I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)	
08-31-21 Date		Hope S. Hundley Charging Party Signature	

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FEPA

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EEOC

Illinois Department Of Human Rights

and EEOC

*State or local Agency, if any*THE PARTICULARS ARE *(If additional paper is needed, attach extra sheet(s))*:

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Date

Charging Party SignatureNOTARY – *When necessary for State and Local Agency Requirements*

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
(month, day, year)

